

MoDOT Disadvantaged Business Enterprise (DBE) Job-Site Review Commercially Useful Function (CUF) Determination

Contract ID:	Job No.:	Prime Contractor:
DBE Contractor:		DBE Subcontract Approval Date:
DBE Start Date:		Estimated DBE Completion Date:
Description of recent type of work observed:		
DBE Representative:		DBE Representative reports to:
DBE Name:		
DBE Is performing as:	Prime Contractor	Subcontractor
	Material Supplier	Manufacturer
		Regular Dealer
		Broker
DBE Type (circle one): CONTRACTOR - TRUCKER - SUPPLIER - BROKER		
For any questioned mark "No, please explain in the "Comments " section below and as indicated on page 2		
Section A: On site DBE Contractor		
PERFORMANCE		
1. Does the DBE have its own employees on the job to perform the work? If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Does the DBE own the equipment being utilized to perform its work? -- Are the DBE's markings/emblems on the equipment? -- If NO, attach equipment list, ownership documents, and rental/lease agreements.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Is the DBE self performing the subcontract defined task for a specific item of work (distinct element) on the contract? -- Does the DBE performed 100% of their work? -- Does the DBE schedule work, material deliveries and other actions required for prosecution of the work?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Is the operator of the equipment a DBE employee?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Does the DBE maintain it's own payroll?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
HAULING FIRMS		
6. Does the DBE hauling firm own and/or lease their trucks? <i>(review ownership/vehicle registration and/or lease documents to verify)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. Does the DBE employ drivers for trucks owned by the company? <i>(if leased trucks include operators, this should be indicated in the agreement/purchase order)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. Do the haul tickets and/or bills of lading associated with the project confirm that hauling is being performed by the DBE? If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
MATERIAL SUPPLIERS OR MANUFACTURES/FABRICATORS		
9. Does the DBE's name appear on all applicable invoices, haul tickets, and/or bills of lading? If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
10. Does the DBE furnish and install, if applicable, the materials? Did the DBE deliver material to the site with their own and/or		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. If the DBE has any materials drop shipped to the project site, was the invoice addressed to the DBE? If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
12. Does the dealer have an established storage facility and inventory? If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
SUPERVISION		
13. Is the DBE self performing work without assistance from the prime or another subcontractor?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14. Is the DBE providing supervision of it employees and their work? If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15. Is the supervisor a full-time employee of the DBE If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
COMMERCIALLY USEFUL FUNCTION DETERMINATION		
16. Does the DBE contractor appear to have control over methods of work on its contract items? If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
17. Is the DBE an independent business, executing a distinct element of work, performing, managing, and supervising the work? If NO, explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
18. Describe what actions are taken to correct any deficiencies found during the review:		<input type="checkbox"/> N/A

DBE Contractor Representative:	Title:
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MoDOT Representative:	Title:
Signature:	Date: